

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH **FILLED SEP 17 1941**

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)
In this community **0**

3. (a) PRINT FULL NAME **Meaco Shepard**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **UNKNOWN** (Month) (Day) (Year)

8. AGE: Years **abt 27** Months **ABOUT** Days **27** If less than one day hr. min.

9. Birthplace **Marvell Arkansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **Dave Shepard**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Callie Alexander**

15. Birthplace **Marvell Arkansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Shepard**

(b) Address **1404a(rear) No. 22nd. St.**

17. (a) **Removal** (b) Date thereof **8/8/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Marvell, Ark.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **AUG - 7 1941** (b) **J. H. Dredick** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **009**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **217**
(d) Street No. **2727 Lucas Ave.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **No**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **5th** year **1941** hour **8** minute **50 A.M.**

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism, lobar pneumonia, following stab-wound of the neck inflicted at the hands of one Hazel Sheppard at 2727 Lucas Av., July 29, 1941.** Duration **HOMICIDE.**

Due to

Other conditions (Include pregnancy within months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Homicide**
(b) Date of occurrence **7/29/1941**
(c) Where did injury occur? **St. Louis, Mo.** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? (Specify type of place) (b) Means of injury

23. Signature **Albert H. Hoppe** (M. D. or other) **2**
Address **4700 Washington Ave.** Date signed **8/7/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Albert W. Knappe*

Licensed Embalmer No..... *1861*

: P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.